

VA CARES HEARING

September 26, 2003-09-24

9:00 AM

Red Lion Hotel at the Quay Centennial Center

100 Columbia Street

Vancouver, WA 98660

Veterans of Foreign Wars of the U.S.

Department of Oregon

Representative:

Christopher C. Lanham Jr., Commander VFW Post 2468

Mr. Chairman and Commission members.

Sir

On behalf of the Veterans of Foreign Wars of the United States and the Department of Oregon, we are privileged to appear here today.

I have received my health care from the VA medical Center in Roseburg and Portland since 1990. I have seen first hand the many changes in health care, some good, some bad, and some indifferent. I have been around when appointments were staggered at six month intervals and it was almost impossible to get an appointment any earlier. I remember seeing hundreds if not thousands of medical charts stacked on my Doctor's desk, and I thought that it would have been next to impossible for Dr. Blue to spend any quality time with me the patient, and I was right, often my scheduled appointment was delayed many hours, and by the time I actually saw the Doctor, he was tired and had no time to get personal, in fact most of my one-on-one time with the Doctor was spent talking about organizational issues (how the Doctor should organize files to allow him more time for patients) rather than my own health care issues, I do not blame the Doctor, that is the way it was. I stood in long lines waiting to see a doctor who had no idea who I was or why I was there; however, time was in the favor of veterans and health care got better in the middle nineties.

As we continued to march forward to the year 2000, some very positive changes improved the health care at VA medical centers across the Nation, but most noticeable to me was the positive changes in Oregon. We were organized into teams of Blue, Green, and White, Health care issues were given high priority and we veterans received what we thought was outstanding care, unfortunately the good times of the middle 90's were soon to be changed. I believe for the most part the changes were meant for the good; however, I am saddened today to think

that the leadership of the VA has given thought to eliminate health care for potentially thousands of war veterans. The VFW supports CARES, but with reservations! In particular we are concerned about the possibility that the White City Facility now known as VA Southern Oregon Rehabilitation Center & Clinics (VA SORCC) may be eliminated.

The White city facility is the VA's only self-supporting Rehabilitation Center, and serves as a regional and national resource for the homeless, chronically mentally ill, and substance abuse patients. The facility manages in excess of 500 beds with a daily average of 500 to 515 beds. . The recovery rate is the best in the nation because the program is in duration of 9 months to 18 months. This by design would enable veterans to work through their particular hardship and the VA is able to renew the life of the broken veteran. If only one veteran were able to return to a meaningful life, would that in itself not be worth the continuation of the White City facility?

There is an old adage that says "if it isn't broke, don't fix it", so why are we trying to fix something that isn't broke?

I have walked the Railroad tracks leading south from Roseburg and have visited with many homeless veterans who once lived positive productive lives before going off to war. My heart breaks each time I see a once positive military performer now sitting idle and living a life of unpredictability and frustration, however, I am comforted to know that the White City facility not only helps, but changes lives. We need to replicate White City, not eliminate it! We could use an additional facility and similar resources in the East. If White City and its resources were eliminated, how would the quality of veterans' health care be enhanced? What would happen to the future of health care for the homeless, mentally ill. Where would all the homeless go?

We are deeply concerned at the lack of consideration being given to the critical issues of care for the seriously mentally ill, the homeless and veterans in need of long term care.

What about the health care of our female veterans? Who surely will join with their male counterparts in requesting similar health care issues.

In a time when our President is seeking to provide more adequate health care to our homeless, mentally ill, and substance abuse veterans, White City sits as a model for the Nation. Please don't bring back the long lines of veterans waiting for health care and the old days of uncaring. We need what White City gives to your needy veterans.

Thank you.

STATEMENT FOR THE RECORD

Of

**Vietnam Veterans of America
Washington State Council**

Submitted by

**Jim Pace
Washington State Council President**

Before the

CARES Commission

Regarding

Draft National CARES Plans

Presented At

**VA Medical Center
VISN 20
Vancouver, WA**

September 26, 2003

Good morning, my name is Jim Pace, I am Washington State Council for Vietnam Veterans America (VVA). Thank you Chairman Alvarez and your colleagues for the opportunity to testify today at the VA Medical Center, regarding the Draft National CARES Plan for the delivery of health care to veterans who utilize VISN 20 in Vancouver, WA for care and treatment.

The original concept for assessing the real-estate holdings and plans for the disposition of “excess” properties of the Department of Veterans Affairs makes sense. No one wants to see money being wasted, money that could be better spent on rendering real health care to veterans. There is no question that the VA has so many buildings at various facilities that are expendable.

Washington State Council of Vietnam Veterans of America (VVA), believe that this process has strayed from its original intent, and we have grave misgivings about the proposed market plan before you, for VISN 20. The four CBOCs that Washington State currently has provide primary care to veterans in Washington. Other rural areas of the state, such as Leavenworth/Wenatchee and Bellingham require veterans to travel long distances. It is my hope that the CARES Commission will address increasing the number of CBOCs in Washington State or at least opening the other four that were originally planned.

Mr. Chairman, the proposed National Draft CARES Plan entitled VISN 20 Special Disability Program Planning Initiatives DID NOT include PTSD, Substance Abuse and Traumatic Brain Injuries. VVA founding principle is “Never again will one generations of veterans abandon another”, we do not want this commission to abandon these programs which are vital to the VA for the care and treatment of the brave military men and women who are returning home from the war in Iraq and to those who served this country in past wars.

In conclusion, we feel that decisions made within the context of the proposed Draft National CARES Plan will effectively close beds, cut staffing, compromise services, and damaged the VA's ability to respond to emerging needs of veterans. We believe that this effort, no matter how well intended, will in many instances prove to be counterproductive and ultimately costly to rectify.

Mr. Chairman, thank you for the opportunity to submit our statement for the record before this commission on behalf of Vietnam Veterans of America (VVA) Washington State Council.

I will be more than happy to answer any questions you may have.

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**STATEMENT OF
ROBERT D. SCOTT
THE AMERICAN LEGION
BEFORE THE
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES
(CARES) COMMISSION
ON
THE DRAFT NATIONAL CARES PLAN**

SEPTEMBER 26, 2003 — VAN COUVER

Mr. Chairman and Members of the Commission:

Thank you for the opportunity today to express the local views of The American Legion on the Department of Veterans Affairs' (VA)'s Capital Asset Realignment for Enhanced Services (CARES) initiative as it concerns Veterans Integrated Services Network (VISN) 20. As a veteran and stakeholder, I am honored to be here today.

The CARES Process

The VA health care system was designed and built at a time when inpatient care was the primary focus and long inpatient stays were common. New methods of medical treatment and the shifting of the veteran population geographically meant that VA's medical system was not providing care as efficiently as possible, and medical services were not always easily accessible for many veterans. About 10 years ago, VA began to shift from the traditional hospital based system to a more outpatient based system of care. With that shift occurring over the years, VA's infrastructure utilization and maintenance was not keeping pace. Subsequently, a 1999 Government Accounting Office (GAO) report found that VA spent approximately \$1 million a day on underused or vacant space. GAO recommended, and VA agreed, that these funds could be better spent on improving the delivery of services and treating more veterans in more locations.

In response to the GAO report, VA developed a process to address changes in both the population of veterans and their medical needs and decide the best way to meet those needs. CARES was initiated in October 2000. The pilot program was completed in VISN 12 in June 2001 with the remaining 20 VISN assessments being accomplished in Phase II.

The timeline for Phase II has always been compressed, not allowing sufficient time for the VISNs and the National CARES Planning Office (NCPO) to develop, analyze and recommend sound Market Plan options and planning initiatives on the scale required by the magnitude of the CARES initiative. Initially, the expectation was to have the VISNs submit completed market plans and initiatives by November, 2002, leaving only five months to conduct a comprehensive assessment of all remaining VISNs and develop recommendations. In reality, the Market Plans were submitted in April 2003. Even with the adjustment in the timeline by four months, the Undersecretary for Health found it necessary in June 2003, to send back the plans of several VISNs in order for them to reassess and develop alternate strategies to further consolidate and compress health care services.

The CARES process was designed to take a comprehensive look at veterans' health care needs and services. However, because of problems with the model in projecting long-term care and mental health care needs into the future, specifically 2012 and 2022, these very important health care services were omitted from the CARES planning. The American Legion has been assured that these services will be addressed in the next "phase" of CARES. However, that does not negate the fact that a comprehensive look cannot possibly be accomplished when you are missing two very important pieces of the process.

The American Legion is aware of the fact that the CARES process will not just end, rather, it is expected to continue into the future with periodic checks and balances to ensure plans are evaluated as needed and changes are incorporated to maintain balance and fairness throughout the health care system. Once the final recommendations have been approved, the implementation and integration of those recommendations will occur.

Some of the issues that warrant The American Legion's concern and those that we plan to follow closely include:

- Prioritization of the hundreds of construction projects proposed in the Market Plans. Currently, no plan has been developed to accomplish this very important task.

- Adequate funding for the implementation of the CARES recommendations.
- Follow-up on progress to fairly evaluate demand for services in 2012 and 2022 regarding long-term care, mental health, and domiciliary care.

Mr. Chairman and Members of the Commission, I'll dispense with providing The American Legion National position and presentation concerning CARES, as this is a matter of record and has been provided for your review in written form. I would however like to address issues that are local and of concern to those Veterans and Family members served within our VISN.

VISN 20 – SOUTH CASCADES, INLAND SOUTH and ALASKA MARKETS

South Cascades Market

This market area is serviced by the medical centers in Portland, Oregon, Vancouver, Washington and Roseburg, Oregon. There is also domiciliary located in White City, Oregon. Through FY 2022, CARES projections indicate an increase in enrollees in throughout this market.

During the CARES process, the South Cascades Market was identified as having a gap in access to hospital care. To meet this gap, the DNP proposes to contract out in the community the hospital services. The American Legion does not

The Draft National Plan (DNP) proposes to close the Vancouver campus. Vancouver provides a Rehabilitation and Extended Care Center that services the metropolitan area. They offer extended care rehabilitation, psycho-geriatric care, and general nursing home care in addition to outpatient care.

The American Legion does not support the closing of this campus. This facility services a distinct population and one that needs special services. Where will these veterans go to get their care? The American Legion believes VA is a provider of care, not a purchaser of care. Contracting out nursing home services and outpatient services should be the last option for meeting demand. There is no indication that any transition plan has been thought out regarding the fate of the services offered to veterans in this area. Additionally, the DNP call for further study and development of a possible enhanced use lease opportunity to benefit veterans. The plan for Vancouver is, in our opinion, fraught with uncertainty and totally disregards the veterans who are currently get their care at the facility.

The DNP also proposes to move the domiciliary care and the work therapy services currently located in White City, Oregon, to other VAMCs. The South Cascades Market has a good referral system in place for patients. The American Legion fails to see the enhancement of services to veterans offered by this proposal. CARES projections for FY 2012 and FY 2022 regarding the need for domiciliary beds in any location were not accurate and the decision was made to leave that particular mission off the table until assurances could be given that the projections were accurate. How can the decision to move the beds to other VAMCs be made without accurate projections? The American Legion believes it is premature.

Similar to Vancouver, the DNP proposes to “maintain outpatient services on White City campus or other appropriate site”. Again, the uncertainty is there in the language. Veterans cannot be sure of the fate of their own facility.

The DNP proposes to convert the surgical beds in Roseburg to 24-hour surgical observation beds. This facility accommodates the entire southern portion of Oregon. The American Legion will closely watch the Roseburg facility and ensure that this proposal is not the first step in a plan to close the facility altogether.

Inland South Idaho Market

The Boise, Idaho VA Medical Center and two Community Based Outpatient Clinics (CBOCs) service this market. The CARES process identified the lack of access to tertiary care for a good majority of the veterans who reside here. Currently, only 38% of the veterans have access to tertiary care. The DNP proposes to close that gap by contracting out for the care. The American Legion cautions VA on using contracted care to meet so much demand. Throughout VISN 20, and certainly in the markets we are discussing today, contracting of care is, in our estimation, over used. How can we be certain that the communities where the contracting is being proposed can handle the increase? Can we be sure the communities have the expertise or willingness to contract with VA? These questions do not seem to have been asked, nor a comprehensive plan put together to address some of these unknowns. The American Legion believes contracting of care on such a wide-scale as proposed here is, in effect, merely a bandage, and not a long-term solution to the problem. Veterans want to be seen at a VA facility, where they can be assured of quality healthcare administered by staff who understands their concerns and healthcare issues.

Alaska Market

The Alaska Market presents some unique challenges to providing care to veterans in the state. This market is projected to have significant growth in demand for outpatient services within the next twenty years. The CARES gap analysis projected a 39% gap in primary care, 56% in specialty care, and an unbelievable 60% gap in mental health.

The DNP proposes to meet these shortfalls by establishing a new ambulatory care clinic in Anchorage. The American Legion supports this proposal. It is painfully obvious that bigger facility is needed to accommodate much of the increase projected into FY 2022.

Also in this market is the potential for VA and the Department of Defense (DoD) to work together to expand upon the already existing services between these two agencies. The American Legion supports VA/DoD sharing and believes further use of it, especially in the Alaska Market would certainly benefit veterans.

Thank you for the opportunity to address this very important issue today. I will be happy to answer any questions.

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Frank Armstrong, AVSO
Blinded Veterans Association
the Vancouver, WA hearing

Thank you for this opportunity to offer you the perspectives of a Blinded Veteran. I'm sure you believe, as I once did, that you understand the problems that face blind people in coping with everyday living. As manager of an Employment Office for the State of Oregon, I was sensitive to all the aspects of life with disabilities, including vision loss. I felt that I had walked that mile in my brother's moccasins for I too had experienced some of the barriers that persons with disabilities experience. Although I understood those problems much, much more than most people, I was totally unprepared for the consequences of my own vision loss. In all those "Sensitivity exercises" you know that when it's over, you will be your old self again. When you realize that your loss is permanent, you grieve. With the same depth of grief as if a loved one was gone from your life forever. The most confident, competent and effective individual becomes uncertain, fearful and hesitant about things that were formerly routine. And while "Orientation and Mobility"(O&M) training can give one the coping skills to survive another day, nothing can replace the Independence of driving yourself to the store, to a meeting, to the ball-game or to any of the many destinations that once were so easy to do. Activities that were once a major part of your life become inaccessible to you.

Appointments must have lead time to enable you to "make travel arrangements" and, in addition, other people's schedules must be taken into consideration. Even something as important as health care may require manipulation in order to be available. Whatever a blind person needs to do, the first question is always "how do I get there?". Areas that have public transportation do offer modes of transport that can accommodate the disabled but even there the wait can be hours long and of course the time frames are at the transit company's convenience. Availability of transport is dependent on time-of-day, client load and one's location within the metropolitan area. Rural residents, (anyone outside the city itself) have much more complicated and dependent arrangements to make. If they have an able and willing spouse or companion the matter is simplified. Otherwise, the alternatives begin to present complex and often difficult solutions. In our jurisdiction the Disabled American Veterans Transportation Network does a wonderful service for veterans with medical appointments. However, this has limitations also. The drivers are volunteers and there may

not be enough who can devote the long hours on a regular basis. The veteran needing transport may live too far from the route and may not have a way to get to a pick-up point. Plus, there may be a full van-load already committed for the day. The transport vehicles are purchased by the DAV from donated funds and given to the Department of Veterans Affairs who then provides the fuel, tires services and maintenance. VA Voluntary Services enrolls the drivers and keeps track of their hours. The number of vehicles and the routing for optimum ridership leaves some rural residents without transportation. But for all the humps and bumps inherent in a low-funded program, blinded veterans depend on the "Network" to get them to the Eye Clinic. It's still the best we have.

Let me leave you with this - I believe the VA is providing top-quality health care. Dr Grewenow is my primary care provider. There isn't a better doctor anywhere! My Surgeon is Dr James Edwards, whose special skills have given me more time to stick around. However, If I can't get here they can't do anything for me. Transportation is a MAJOR part of the services to our veteran population, for now and for the future. (unless Buck Rogers lets us borrow his Anti-gravitational belt!)

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**STATEMENT FOR THE RECORD
of
Vietnam Veterans of America
Oregon State Council
Submitted by
Judi Greig
President
VVA Oregon State Council
Before the
CARES Commission
Regarding
Draft National CARES Plans
Presented at
VA Oregon Healthcare System
VISN 20
Vancouver, WA
September 26, 2003**

Good Morning, my name is Judi Greig. I am the President of the Vietnam Veterans of America, Oregon State Council. Thank you Chairman Alvarez and your colleagues for the opportunity to testify today at the VA VISN 20 Healthcare System regarding the Draft National CARES Plan for the delivery of health care to veterans who utilize VISN 20 in Oregon, Washington, Alaska, Boise, Idaho and Crescent City, California for care and treatment.

The original concept for assessing the real-estate holdings and plans for the disposition of “excess” properties of the Department of Veterans Affairs makes sense. No one wants to see money being wasted, money that could be better spent on rendering real health care to veterans. There is no question that the VA has so many buildings at various facilities that are expendable.

Vietnam Veterans of America, Oregon State Council believe that this process has strayed from its original intent, and we have grave misgivings about the proposed market plan before you, for VISN 20, which represents Alaska, Washington, Oregon, Boise and Crescent City. In particular, we urge the following with respect to Oregon VA facility in VISN 20: use the Vancouver campus for the support of the VAMC Portland. I belong to the National Community Awareness Board for hepC for the VA. When the VA first started the screening for hepC, it was estimated 74,000 veterans were infected with this disease. This was grossly miscalculated — there are approximately 250,000 veterans to date who have been infected with the disease.

VA spent approximately \$846 million in Oregon in 2002 to serve about 376,000 veterans who live in the state. Last year, 66,023 people received health care from VA facilities in Oregon.

The Portland VA Medical Center has 149 acute care beds in Portland and 72 nursing home beds in Vancouver. In conjunction with Oregon Health and Science University, its major academic partner, the medical center operates the only in-house VA liver transplant program west of the Mississippi River. A kidney transplant program was recently approved and the first transplant was performed in April 2002. I am sure I don't have to tell you, liver and kidney failure are common life-threatening problems among veterans.

With the VAMC Portland being one of the four hepatitis C facilities in America, and also has special centers devoted to the fight against cancer, mental illness, multiple sclerosis, alcoholism, hearing loss and Parkinson's disease, the Vancouver campus is going to be desperately needed for support to the VAMC.

Additionally, National statistics show nearly 25 percent of homeless adults are veterans, and many more veterans who live in poverty are at risk of becoming homeless. In Oregon, nearly one third of Oregon's homeless people are veterans. The Portland medical center, in a unique sharing agreement with the city of Vancouver, leases land on its Vancouver campus for a 124-bed apartment complex for homeless veterans.

Mr. Chairman, the proposed National Draft CARES Plan entitled VISN 20 Special Disability Program Planning Initiatives DID NOT include PTSD, Substance Abuse and Traumatic Brain Injury. VVA founding principle is "Never again will one generation of veterans abandon another", we do not want this commission to abandon these programs which are vital to the VA for the care and treatment of the brave military men and women who are returning home from the war in Iraq and to those who served this country in past wars.

In conclusion, we feel that decisions made within the context of the proposed Draft National CARES Plan will effectively close beds, cut staffing, compromise services, and damaged the VA's ability to respond to emerging needs of veterans. We believe that this effort, no matter how well intended, will in many instances prove to be counterproductive and ultimately costly to rectify.

Mr. Chairman, thank you for the opportunity to submit our statement for the record before this commission on behalf of Vietnam Veterans of America, Oregon State Council.

I will be more than happy to answer any questions you may have.